

**Focus Groups Questions
TMG Site Visit
March, 2006**

1. Future capacity has been briefly estimated within the Futures Plan. Milliman, the State's contracted actuary for this project, will be reviewing those assumptions and also analyzing detailed utilization data to assess the mental health system's long-run capacity needs. What is your general impression of the current estimates that have been developed? Are there specific areas that you believe could be better addressed? For example, will the 32 beds in the inpatient care system be sufficient? Do you feel the 12 ICU bed estimate is reasonable?
2. Please provide your impression of the strengths and weaknesses of the *current* community-based system, particularly in relation to the drivers of inpatient care:
 - Crisis alternatives for hospital diversion;
 - CRT program availability;
 - Collaboration with the justice system;
 - Availability of residential programs;
 - Array of services available to provide community-based services throughout Vermont, rural versus populated areas.
3. Do you believe the proposed expansion to the following services/supports are achievable and, if so, what impact, if any, will they have on inpatient hospitalization?
 - Crisis programs/Crisis beds
 - Transportation services
 - Peer supports
 - Supportive housing
 - Secure residential
4. Do you believe there is currently adequate capacity at the five Designated Hospital programs and at VSH?
5. The Futures Plan has proposed an increase in the number of diversion beds within the state. How do you believe this new capacity will influence recent inpatient utilization trends? What was the state's experience with the development of the current 19 diversion beds—did those directly impact hospital utilization?
6. Do you believe the beds planned for the community at the sub-acute level of care will be realized and will impact the use of inpatient beds?
7. Do you believe the State will be able to fund the components of the Futures Plan over the long term? Is the service system as it is currently operating sufficiently funded?

8. Will further development and refinement of the State's quality management system be able to directly impact inpatient utilization by better identifying and disseminating specific strategies that reduce hospitalizations?
9. A new care management system is proposed that standardizes admission and discharge criteria across inpatient, residential, and crisis programs. How do you think such a system will affect inpatient hospital utilization?
10. Are there specific resources that have not yet been identified through the Futures Planning process or in our discussion of the previous questions that may be able to significantly lower the need for inpatient capacity? Is it likely those resources may be made available?